

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/02/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/27/2011
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HARCOURT TERRACE REHABILITATION &amp; HEALTH CARE CENT

8181 HARCOURT ROAD  
INDIANAPOLIS, IN 46260

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F 000

INITIAL COMMENTS

This visit was for a Recertification and State  
Licensure Survey. This visit included the  
Investigation of Complaint IN00085048.

Complaint IN00085048 substantiated, no  
deficiencies related to the allegations are cited.

Survey dates: January 24, 25, 26, 27, 2011

Facility number: 000070

Provider number: 155149

AIM number: 100266190

Survey team:

Connie Landman RN TC

Diana Zgonc RN

Christi Davidson RN

Courtney Hamilton RN

Census bed type:

SNF: 8

SNF/NF: 3/1

Total: 7/1

Census payor type:

Medicare: 14

Medicaid: 54

Other: 2

Total: 70

Sample: 15

This deficiency also reflects State findings in  
accordance with 410 IAC 16.2.

Quality review completed 1-31-11

Cathy Emswiler RN

F 441

483.65 INFECTION CONTROL, PREVENT

F 000

Preparation and/or execution of this  
Plan of correction in general, or

This corrective action in particular,  
Does not constitute an admission or  
Agreement by this facility of the  
Facts alleged or conclusions set  
Forth in this statement of deficiencies.  
The plan of correction and specific  
Corrective actions are prepared and/  
Or executed in compliance with state  
And federal laws.

F 441

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 441 SS=E	<p>Continued From page 1 SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>	F 441	<p><b>It is the intent of the facility for Nursing staff to utilize proper Hand washing prior to a Medication pass, and to clean Scissors between resident uses.</b></p> <p><b>F441 Infection control</b></p> <p><b>1. Actions Taken:</b></p> <p>A. In regards to Residents # 44 and 56: All nursing staff were re-in-service for proper hand washing, infection control, appropriate use of gloves, use of hand sanitizer, appropriate cleaning of scissors/equipment prior to and after each resident use.</p> <p><b>2. Others Identified:</b></p> <p>A. All residents could potentially be affected.</p> <p><b>3. Measures put in place:</b></p> <p>A. All nursing staff in- serviced on proper hand washing, infection control issues/concerns, usage of gloves and hand sanitizer, and appropriate cleaning of scissors/equipment prior to and after each resident use.</p>	

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F 441	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure residents were free from the risk of infection from the lack of handwashing by staff, prior to medication pass and failed to clean scissors between resident use during one of two medication pass observations. This practice had the potential to affect 43 of 70 residents currently in the facility. (QMA #1, LPN #2, Residents #44, #56)</p> <p>Findings include:</p> <p>A policy dated 01/01/05 titled "Policy: Enteral Medication Administration" provided by the administrator on 01/26/11, at 8:15 A.M. included, but was not limited to, "...1. Wash hands, don gloves...."</p> <p>A policy dated 01/07 titled "Handwashing" provided by the administrator on 01/25/11, at 8:00 A.M., included, but was not limited to, "Policy: All staff will use proper handwashing technique to prevent the spread of infection as per Center of Disease Control Guidelines (Guideline for Infection Control in Hospital Personnel)...3. Repeat with each resident contact...."</p> <p>On 01/24/11 at 1:40 P.M., during the medication pass observation on the B wing with 43 residents, LPN #2 did not wash hands or use hand sanitizer before preparing Resident #44 medications to be administered through a feeding tube (G-tube). No hand sanitizer was observed on the medication cart. LPN #2 did not wash hands upon entering the room of Resident #44. LPN #2 did not don gloves prior to medication administration of Resident #44. LPN #2 stopped</p>	F 441	<p>B. Proficiency for hand washing will be completed for all nursing staff.</p> <p>C. QMA's and Nurses' will have proficiency completed for proper hand washing and glove usage, and appropriate use of hand sanitizer.</p> <p><b>4. How Monitored:</b></p> <p>A. DON/Designee will do random audits of three medication passes per week for 4 weeks and then monthly thereafter On going for proficiency.</p> <p>B. Administrator/Designee will review all audits as completed.</p> <p>C. All audits and proficiencies will be reviewed in the monthly QA&amp;A meeting for review and Follow up.</p> <p><b>5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of completion is February 14, 2011.</b></p>	2-14-11

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F 441	<p>Continued From page 3</p> <p>the continuous feedings and capped the end of the feeding tube. LPN #2 checked placement with auscultation. The LPN checked residual. She flushed the G-tube. LPN #2 administered the first medication through the G-tube. She flushed the G-tube. The LPN administered the second medication through the G-tube. She flushed the G-tube. LPN #2 administered the third medication. The LPN flushed the G-tube. She restarted the continuous feedings through the G-tube. At that time, LPN #2 was interviewed regarding the policy and procedure for maintaining infection control with medication pass. LPN indicated she did not wash her hands prior to the medication pass and that hand sanitizer was not on the medication cart.</p> <p>On 01/25/11 at 9:00 A.M., during medication observation on the B wing with 43 residents, QMA #1 was observed retrieving scissors from the medication cart. The scissors were not cleaned before using them to cut open four separate medication patches for Resident #56. After the medication was administered, QMA #1 put the scissors in his scrub top pocket and exited the room. He then placed the scissors back in the med cart without cleaning off the scissors. QMA #1 was interviewed at that time, and indicated he was not aware of any instructions or policy for cleaning the scissors between resident use.</p> <p>During the daily conference with the administrator and director of nursing on 01/26/11 at 3:00 P.M., a policy concerning cleaning scissors was requested. As of exit on 01/27/11, no policy or additional information regarding the lack of a policy and procedure for cleaning the scissors between resident use was provided.</p>	F 441		

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F 441	Continued From page 4 3.1-18(b)(1) 3.1-18(l)	F 441		